

Feuille de match : U7 U9

Groupe n° : _____

Lieu du Plateau :

Date du plateau : / /

| EQUIPE : <table border="1"><thead><tr><th>Nom, Prénom</th><th>N° Licence</th></tr></thead><tbody><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>6</td><td></td></tr><tr><td>7</td><td></td></tr><tr><td>8</td><td></td></tr><tr><td>Responsable 1:</td><td></td></tr><tr><td>Resp. 2 (femme) :</td><td></td></tr><tr><td colspan="2">Signature :</td></tr><tr><td colspan="2"><u>Joueuse(s) blessée(s) (Nom-Prénom-nature de la blessure) :</u></td></tr></tbody></table> | Nom, Prénom | N° Licence | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | Responsable 1: | | Resp. 2 (femme) : | | Signature : | | <u>Joueuse(s) blessée(s) (Nom-Prénom-nature de la blessure) :</u> | | EQUIPE : <table border="1"><thead><tr><th>Nom, Prénom</th><th>N° Licence</th></tr></thead><tbody><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>6</td><td></td></tr><tr><td>7</td><td></td></tr><tr><td>8</td><td></td></tr><tr><td>Responsable 1 :</td><td></td></tr><tr><td>Resp. 2 (femme) :</td><td></td></tr><tr><td colspan="2">Signature :</td></tr><tr><td colspan="2"><u>Joueuse(s) blessée(s) (Nom-Prénom-nature de la blessure) :</u></td></tr></tbody></table> | Nom, Prénom | N° Licence | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | Responsable 1 : | | Resp. 2 (femme) : | | Signature : | | <u>Joueuse(s) blessée(s) (Nom-Prénom-nature de la blessure) :</u> | |
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Observations ou Réclamations (signées) :

Responsable du plateau :

Signature :

A retourner OBLIGATOIREMENT après chaque plateau au **District d'Alsace de Football**, à l'attention de la **Commission Sportive Jeunes antenne 68** par :
- courriel à l'adresse : haut-rhin@lafa.fff.fr OU
- à l'adresse postale : **District d'Alsace de Football, rue du stade , 68110 Illzach**